

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541840
FILING DATE
APPLICANT

Art. 19

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
5							55						
6							56						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	4	4	4	4	4	TOTAL IND.						
TOTAL DEP.	13	13	33	33	33	33	TOTAL DEP.						
TOTAL CLAIMS	17	37	37	37	37	37	TOTAL CLAIMS						

BEST AVAILABLE COPY